



COMMISSIONING CHECKLIST

PIER 53 MARINE

Owner Name: _____ Marina: _____ Dock #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Boat Make: _____ Model: _____ Name: _____
 Requested Launch Week: _____ **Note:** Requested launch dates are NOT guaranteed!

All items must be filled out and signed for launch to be completed. All outstanding balances must be paid in full for boat to be launched.



*** Gold Program:
Commission All Systems and Exterior Wash \$299.00**



**Heated Storage Customer (Included)
Launch, Batteries and Engine Commissioning**

Item	Qty	Cost (each)	Total Cost
<input type="checkbox"/> Local Dockside Delivery <i>Delivery not available without proper commissioning</i>		\$85.00	\$ _____
<input type="checkbox"/> Launch	Up to 30' x 31' - 36' x 37' - 40' x 41' & Over x	\$3.50 P/FT \$4.50 P/FT \$5.50 P/FT \$6.50 P/FT	\$ _____
<input type="checkbox"/> Commission Gas Engine	_____ x	\$52.50	\$ _____
<input type="checkbox"/> Commission Diesel Engine	_____ x	\$85.00	\$ _____
<input type="checkbox"/> Commission Generator	_____ x	\$52.50	\$ _____
<input type="checkbox"/> Commission Outboard Engine	_____ x	\$52.50	\$ _____
<input type="checkbox"/> PWC	_____ x	\$95.00	\$ _____
<input type="checkbox"/> Freshwater System		\$35.00	\$ _____
<input type="checkbox"/> Head		\$25.00	\$ _____
<input type="checkbox"/> A/C	_____ x	\$35.00	\$ _____
<input type="checkbox"/> Ice Maker		\$20.00	\$ _____
<input type="checkbox"/> Load, Test & Service Batteries	_____ x	\$10.00 ea	\$ _____
<input type="checkbox"/> Remove & Dispose of Shrink Wrap & Install Canvas	_____ x	\$3.50 P/FT	\$ _____
<input type="checkbox"/> Boat Washing		Call for Quote	\$ _____
<input type="checkbox"/> Additional Services - Call for Quote			\$ _____
		Subtotal	\$ _____
		Tax	\$ _____
		Grand Total	\$ _____

*** PARTS ARE NOT INCLUDED IN ABOVE PRICING ***

If you choose to do your own re-commissioning, the owner must be present at time of launch. **Payment for services is due in full at time of launch.**

Name on Credit Card: _____
 X _____ Credit Card Number: _____ Exp. _____
 CVV: _____ Billing Zip: _____